Half of English trusts face challenges to make new registration

Zosia Kmietowicz LONDON
The quality of care being provided by parts of the NHS has improved markedly, England's health watchdog has found. But a significant proportion of the 392 trusts rated by the Care Quality Commission in the past year are providing persistently substandard care. These organisations have considerable work to do if they are to qualify for the commission's new registration system being introduced next April—or face being closed down.

Under the commission's assessment on quality and financial management, trusts are scored on a four point scale of excellent, good, fair, or weak. On quality, 15% of trusts in the English NHS were rated as excellent, 47% good, 33% fair, and 5% weak. On financial management, 26% were rated as excellent, 45% good, 26% fair, and 3% weak.

A total of 37 trusts were rated excellent on both aspects for 2008-9, down from 42 trusts the previous year. One, the Royal Marsden NHS Foundation Trust, was double excellent for the fourth year running.

Only one trust, Barking, Havering and Redbridge University Hospital NHS Trust, was rated double weak, down from six trusts last year. However, a total of 32 trusts, 24 of them primary care trusts, have never scored above fair for both quality and financial management, the commission found, raising concerns about their future.

From next April it will be a legal requirement for all healthcare providers to register with the commission and show that they comply with its set standards.

The report says, “Based on our assessment up to 31 March 2009, almost half of NHS trusts have some work left to do in order to ensure that they have laid the bedrock for successful passage into registration.”

The commission found many improvements across the NHS last year. Of 156 acute trusts, 81% (126) achieved the national target of seeing 98% of patients in accident and emergency departments within four hours, up from 77% of trusts in 2006-7.

The ratings can be seen at www.cqc.org.uk.
Mind censures trial that pays patients to take their drugs

Lynn Eaton LONDON

Mental health campaigners have criticised a recently approved trial that will offer patients a financial incentive for taking depot injections of antipsychotic drugs.

Researchers based at the University of London’s Queen Mary College intend to invite 36 outreach teams who care for “difficult to engage” patients to take part in the randomised controlled trial, says the study protocol, published in *BMC Psychiatry* (2009;9:61). Half of the teams would be allowed to offer a £15 (€16; $24) payment to selected patients who have schizophrenia or bipolar disorder and who often miss their depot injections. The researchers estimate that there may be only four such people in each team’s group of clients. The remaining control teams would not offer a payment. The researchers will measure the effect of the initiative on patients’ compliance and its cost effectiveness.

But the mental health charity Mind says that paying people could coerce people into taking drugs that are known to have serious side effects. The trial has already been approved by the Ealing and West London Research Ethics Committee.

Alison Cobb, a senior policy and campaigns officer at Mind, believes that the relationship between clinician and patient should be about involving them in decisions about their treatment, not offering them a financial incentive. She said, “People can feel coerced into accepting depots as it is. Offering money is another way of persuading people to accept them rather than involving them properly in decisions about their treatment.”

Depot injections are usually given to people with enduring mental health problems who may be on limited incomes, she added. “The option of being paid to take a drug treatment could unduly influence people’s decision making over whether the treatment is right for them. Psychiatric drugs are known to have unpleasant side effects, and people should take medication because the health benefits outweigh the drawbacks, not because they need the money.”

Stefan Priebe, who leads the team at Queen Mary, accepted that the treatment could have unpleasant side effects but said that patients would already be taking the drug and would not be offered the money to take it for the first time.

Two health centres are finalists in top UK architecture prize

Jacqui Wise LONDON

Two London health centres have reached the final six buildings shortlisted for the Stirling prize for architecture, awarded by the Royal Institute of British Architects.

Kentish Town Health Centre in north London and Maggie’s Centre at Charing Cross Hospital, Hammersmith, are competing against four other contestants in Europe. The results will be announced on 17 October.

Maggie’s Centre offers support for people affected by cancer at any stage and is one of a string of centres throughout the UK. It was designed by Richard Rogers at Rogers Stirk Harbour and Partners at a cost of £2.1m (€2.2m; $3.3m). The building is designed to be “non-institutional” and has a double storey kitchen at its heart.

Kentish Town Health Centre was designed by the firm Allford Hall Monaghan Morris for a competition organised by Roy MacGregor, a partner in the practice, to create a building where health and art came together for the community. The centre, which cost £10.1m, houses a large general practice; paediatric, dental, and children’s services; a breast screening and diagnostic imaging clinic; and supporting office space and meeting rooms.

Reporting of safety events is improving

Adrian O’Dowd LONDON

Reported incidents that compromised patient safety in the NHS in England rose by 12% in a six month period, with an even steeper rise in primary care organisations.

Figures from the National Patient Safety Agency released on 7 October show that 459,500 incidents were reported to have happened between 1 October 2008 and 31 March 2009.

This is a 12% increase on the previous six months, but primary care organisations had a 25% rise in incidents, such as errors, complications, or inadvertent injuries.

The rises were largely the result of more reporting and an increasingly open culture in the NHS, said the agency, as it published its reports for 382 of the 392 NHS trusts in England. These detail incidents occurring in the six months, reported by frontline NHS staff to the agency by 30 June.

Trusts are reporting more often, said the agency, and 98% of trusts provided incident reports, a 3% rise compared with the previous period.

Overall, the severity of the latest incidents was low; 92.5% of all incidents resulted in low or no harm to the patient.

However, the incidents were said to have contributed to 2009 deaths and 3708 cases of severe harm (collectively 1% of all incidents). In addition, 6% of incidents were reported as causing moderate harm to patients.

In one incident of severe harm a patient was given the wrong drug, to which they were allergic, resulting in cardiac arrest and brain damage. In another a patient with a back injury was paralysed after being moved by ambulance crews.

The most commonly reported incident types overall were unintentional injury (32.8% of reports), followed by treatment or procedure (10.1%), and drugs (9.4%).

The agency says that it works closely with clinicians and safety experts to analyse the reports and identify common safety problems.
in NHS, agency says

that need action throughout the NHS.

In the past six months, this has led to new
guidance on oxygen, suprapubic catheters, and
earlier referral for patients with glaucoma.

Martin Fletcher, chief executive of the
agency, said, “More reports do not mean
more risks to patients. Indeed quite the
reverse. These data are sound evidence of an
improving reporting culture.”

Cynthia Bower, chief executive of the Care
Quality Commission, said, “Every NHS trust
should be monitoring these data closely.”

Mark Porter, chairman of the BMA’s
Consultants Committee, said, “It is important
that the NHS encourages a culture of open-
ness and that processes are in place to
encourage staff to both report and reflect on
patient safety incidents and make changes if necessary.”

The report, Organisational Patient Safety Incident

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Gastroenterologist
is accused of faking
study results

Clare Dyer BMJ

An award winning researcher who pio-
nereered the use of laser scanning confocal
endomicroscopy in the United Kingdom to
detect and treat early bowel cancer faked the
results of a study published in the journal
Gut, a general medical Council panel was
told this week.

Paul Hurlstone, a consultant gas-
troenterologist at Sheffield Teaching
Hospitals NHS Foundation
Trust until August 2008, was the
lead author on the study, published
in February 2008.

His research was featured on the
BBC News website and in the
Health Service Journal. But the paper
was retracted at the request of all
the authors in November 2008.

The paper (Gut 2008;57:196-204)
claimed to show that confocal chromoscopic
endomicroscopy was better than chromo-
scopy alone at detecting intraepithelial neo-
plasia in ulcerative colitis. It purported to be
a randomised controlled study in which an
independent nurse, who was blinded as to the
study hypothesis, revealed the randomised
codes before the colonoscopy was started.

But the GMC alleges that patients were
not randomised and that no such independent
nurse participated in the study. It also
accuses Dr Hurlstone of dishonesty in falsely
stating in the paper that biopsies were sec-
tioned in both horizontal and vertical planes
and that images of the histological specimens
were compared with the confocal images.

He is also accused of falsely stating that
two independent gastrointestinal patholo-
gists who were blinded as to the confocal
and chromoendoscopic examination all
specimens. In addition, the GMC says,
Dr Hurlstone started the study before getting
research committee approval, failed to get
informed consent to taking part in a clinical
trial from all patients, and inserted consent
forms into four sets of patient notes after the
paper was published.

The GMC contends that Dr Hurlstone’s
fitness to practise is impaired because of his
misconduct and also because of health
reasons, which have been kept
confidential.

It also accuses him of mis-
conduct in two other research studies:
a comparison of sodium hyaluronic
acid with dextrose solution for the
resection of certain colorectal ade-
nomas, published in Endoscopy in 2008
(40:110-14); and an evaluation of
high resolution magnification chro-
moendoscopy for the detection and
invasive depth estimation of colorec-
tal cancer, published in Clinical Gastroenterology

With regard to the 2007 paper he is
accused of forging the signatures of three
coauthors on a copyright assignment form,
falsely stating that the endoscopist was
blinded to the previous histopathological
diagnosis, and failing to get informed con-
sent from all patients.

A spokeswoman for the trust said: “Dr
Hurlstone resigned from the trust in August
2008.” The University of Sheffield said that
it had revoked Dr Hurlstone’s title of honor-
ary reader after he resigned from the trust.

The hearing is due to end this month.

Cite this as: BMJ 2009;339:b4193

Recognising informative and striking images

Annabel Ferriman BMJ

This picture of a Tibetan doctor
holding his family’s medical texts
is one of the winners in the Wellcome
Image Awards announced this week.
It was taken by Theresia Hofer, a
social and medical anthropologist
at the Wellcome Trust Centre for the
History of Medicine at University
College London.

The images are on display at the
Wellcome Collection and can be
viewed at

Cite this as: BMJ 2009;339:b4231

Theresia Hofer

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BMJ: British Medical Journal
Access to legal abortion is needed to help cut 70 000 deaths a year

Jacqui Wise LONDON

Family planning services and access to legal abortion need to improve worldwide to reduce the number of maternal deaths and complications from unsafe abortion, a new report concludes.

The report, from the Guttmacher Institute, a non-profit organisation that works to advance reproductive health, says that unsafe abortions result in an estimated 70 000 deaths a year globally and that that figure has hardly changed in 10 years.

Access to high quality care after abortion remains poor for women in many less developed countries. Each year an estimated eight million women experience complications that need medical treatment, but only five million receive that care.

Sharon Camp, president of the US based Guttmacher Institute, said, “Most of the findings in our report are very positive, as the need for abortion appears to be declining everywhere in the world. This is largely due to the rate of unintended pregnancies coming down, and the main reason for that is rates of contraceptive use are up.

“However, we seem to be seeing something of a plateau now, as most of the increase in contraceptive use was in the 1990s, and progress has been much slower this century. We need to have much greater investment in family planning services, particularly in Africa. One in five African women is in need of contraceptive services.”

The report states that the number of abortions worldwide fell from an estimated 45.5 million in 1995 to 41.6 million in 2006. The trend was seen in developed and developing countries. However, there was wide variation in the rate of decline, with Africa lagging behind other regions.

Worldwide the number of unintended pregnancies fell from 69 per 10 000 women aged 15 to 44 in 1995 to 55 per 1000 in 2008. The fall was greatest in the more developed countries.

Use of contraceptives has risen in many parts of the world, particularly Latin America and Asia. The percentage of married women using contraception rose from 54% in 1990 to 63% in 2003. However, levels of contraceptive use varied greatly among regions: only 28% of married African women were using contraceptives in 2003, whereas in Latin America and the Caribbean 71% were.

Abortion Worldwide: A Decade of Uneven Progress can be found at www.guttmacher.org.

Cite this as: BMJ/2009;339:b4212

Police find unlicensed drugs after trawling bins

Paul Benkimoun PARIS

France’s antidoping agency has uncovered “a surprising therapeutic arsenal,” including two drugs that are not yet licensed, after scrutinising bins in the wake of the 2009 Tour de France.

Michel Rieu, the scientific adviser of the French Agency Against Doping (Agence Française de Lutte Contre le Dopage), said at a press conference on 7 October, “These are incongruous products in a milieu where people are supposed to be in good health.”

Professor Rieu said that this “surprising therapeutic arsenal” had been reported to the World Anti-Doping Agency in July.

The agency said it suspected that some cyclists were using blood transfusions and two unlicensed substances.

Pierre Bordry, head of the agency, told the French daily Le Monde on 28 July that he was “convinced that two new products have been used during the 2009 tour, two drugs that are not yet on the market.”

The first is a “third generation” erythropoietin called Hematide, which helps maintain stable haemoglobin concentrations—fluctuating haemoglobin being a sign that an athlete has taken banned substances. Hema- tide is still in phase III clinical trials for the treatment of anaemia and is not expected to reach the market before 2011.

The second compound, known as Aicar, increases performance of endurance exercise and decreases adiposity.

Exercise performance in sedentary mice
Texas is the most uninsured state, with 32% of people having no cover; in Massachusetts it is 7%.

Rates of insurance coverage fall in US as recession bites

Bob Roehr WASHINGTON, DC

Rates of health insurance coverage among adults fell in most US states in the past two years, a report from the Commonwealth Fund on 8 October has found. Cathy Schoen, senior author of the report, said that the data were drawn from “the eve of the current recession—the worst is yet to come.”

The rate of uninsured adults aged 18-65 “looks like an epidemic,” topping more than one in five adults, she said. Texas leads the list, with a third (32%) of adult residents without health insurance. Massachusetts is one of the few states to buck the trend, with a rate of 7%, because of a unique push for full coverage. However, that plan has run into problems of cost and the availability of services, and substantial revision is required.

Of Tour de France cyclists

Annette Tuffs HEIDELBERG

Tens of thousands of German patients treated by GPs or in specialist practices are involved in observational studies paid for by the drug industry without ever having given their consent. The companies pay doctors as much as €1000 (£925; $1475) a patient for prescribing a drug and documenting its effects. Critics say this is just a way to push new and expensive drugs that have few innovative qualities onto the market.

Carl-Heinz Müller, a GP and one of the directors of the National Association of Statutory Health Insurance Physicians (Kassenärztliche Bundesvereinigung (KBV)), said in an interview published in the Frankfurter Allgemeine Zeitung on 1 October 2009 that the practice was “immoral.” But the German Association of Research Based Pharmaceutical Companies said that observational studies are needed to find out unknown side effects of drugs that are already on the market.

Observational studies of such drugs that are carried out in general or specialist practices in primary care have to be registered with the KBV. In 2008 the number of registered studies had risen to 329 involving 235 drugs. Dr Müller estimates that 25% of all non-hospital doctors in Germany take part in such trials.

The incentive for doctors to take part is high, as each documentation is rewarded with an average payment of €190 per patient. Studies often involve expensive drugs. In contrast to clinical studies in hospitals, where the manufacturer supplies the tested drugs free of charge, in observational studies in primary care the health insurance companies pay for the drugs. “The increase in observational studies accounts for the massive rise of €1bn in the drug budget in 2008,” said Dr Müller.

The KBV says that drug companies should be legally obliged to register the results of these observational studies in an open registry. If doctors are taking part in observational studies they should tell their patients.

Cite this as: BMJ 2009;339:b4154

Germany sees rise in post-marketing studies

Cite this as: BMJ 2009;339:b4201

“...and the samples “belong” to the International Cycling Union, which did not grant it authorisation. Mr Bordry expressed his frustration with the International Cycling Union. “We can have questions, but we can’t go beyond that,” he said.

Cite this as: BMJ 2009:339:b4201

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Public health experts express anger over McDonald’s tutorials

Melissa Sweet SYDNEY

An online maths tutoring programme for Australian secondary school students sponsored by the fast food chain McDonald’s has been attacked by public health experts as “a disgraceful exercise in advertising junk food.”

McDonald’s recently released figures showing that more than one third of Australia’s 1.46 million secondary students have signed up to the free programme (http://mathsonline.com.au), which carries the company’s logo and says “proudly provided by your local McDonald’s restaurant.”

Mike Daube, president of the Public Health Association Australia, said that the sponsorship is “an outrageous means of promoting junk food directly to children.”

“McDonald’s are superb marketers, who are only in this for one reason—to sell more energy dense, nutrient poor foods,” he said.

“They promote to kids is shameless at a time when concern about obesity is on the rise. This is a disgraceful exercise in advertising junk food and justifies yet again calls for legislative restraint on junk food promotion.

“An especially disturbing aspect of this type of promotion is that it isn’t covered by any of the food industry’s feeble self regulatory codes.”

Professor Daube is deputy chairman of the National Preventative Health Taskforce, which recently released a national preventative health strategy, Australia: the Healthiest Country by 2020, calling upon governments to “reduce exposure of children and others to marketing, advertising, promotion and sponsorship of energy dense, nutrient poor foods and beverages.”

However, Bronwyn Stubbs, corporate communications manager for McDonald’s Australia, said that Maths Online is not a marketing ploy and has no ulterior motive.

“McDonald’s is providing this service as part of its commitment to the community and an element of our corporate social responsibility activity,” she said.

“The decision on whether to take up the programme is left purely up to teachers, parents, and students.”

Cite this as: BMJ 2009;339:b4174

Radiation overdose in 200 patients

Paula Gould HUDDERSFIELD, WEST YORKSHIRE

The US Food and Drug Administration is investigating how stroke patients at a California hospital were exposed to excessive levels of ionising radiation during brain scans.

More than 200 patients at the Cedars-Sinai Medical Center in Los Angeles who underwent computed tomography (CT) brain perfusion received up to eight times the anticipated dose of radiation. The overdosing continued unnoticed for 18 months and was discovered only when a patient reported unexpected side effects.

Brain perfusion scanning is a relatively new way of ascertaining how much damage a stroke has caused to the brain and is currently practised more widely in the United States than in the United Kingdom.

Doctors at the Los Angeles hospital had believed that their brain perfusion scans were delivering a maximum dose of 0.5 gray to the head. An internal investigation has now shown that between February 2008 and August 2009 stroke patients were actually being irradiated with 3-4 gray.

The abnormally high dose led to temporary hair loss and noticeable skin reddening.

GSK is sued in US over claims that paroxetine caused birth defects

Janice Hopkins Tanne NEW YORK

GlaxoSmithKline (GSK) is facing the first of about 600 US lawsuits claiming that its antidepressant paroxetine (marketed as Paxil in the United States and Seroxat in the United Kingdom) caused birth defects in infants born to mothers who took the drug while pregnant.

The first case has gone to jury in Philadelphia, Pennsylvania, where the company has locations in the city and its suburbs. The outcome of early trials often sets the trend for later cases.

In the Philadelphia case Michelle David claims that the drug caused life threatening heart defects in her son Lyam Kilker, who has had heart surgery several times. He is now almost 4 years old.

Lyam’s lawyer alleged in court that documents disclosed in the proceedings suggested that GSK had been aware in 1980 that information from rat studies indicated that paroxetine “could be” a cause of birth defects but that the company had decided to ignore them, reported Bloomberg, the financial news service (www.bloomberg.com, 15 Sep, “Glaxo executive’s memo suggested burying drug studies”).

A 1998 internal review by GSK of all reports of side effects tied paroxetine to an “alarmingly high number” of reports of birth defects, but the review report was not forwarded to the US Food and Drug Administration, the lawyer also alleged. It was not until 2003, when the FDA ordered GSK and other manufacturers of antidepressants to do more safety studies, that the company acknowledged that paroxetine might increase the risk of birth defects, he is reported to have said.

Lawyers for GSK are reported to have said that when Lyam was born in 2005 the company “had not received notice” of the type of heart defect he had in connection with use of paroxetine.

When asked by the BMJ about the charges that it had been aware of the animal studies but failed to act, a spokesman for GSK said, “As we have said previously, GlaxoSmithKline acted properly and responsibly in conducting its clinical trial programme for Paxil, in marketing the medicine, in monitoring its safety once it was approved for use, and in updating pregnancy information in the medicine’s label as new information became available. We properly shared documentation and submitted results from studies on Paxil to regulators, communicated important safety information to regulatory agencies, the scientific community, and the public, and marketed the medicine only for its approved uses.”

In another case, in Mississippi, the mother of William Seale, a 1 year old who died in 2004, is suing GSK, claiming that her use of paroxetine while pregnant caused the heart defect that resulted in her son’s death.

Lawyers acting for the Seale family claimed that GSK employees put pressure on the researchers to make changes to a study of SSRIs and birth defects they had published in the New England Journal of Medicine (2007;356:2675-83) in which they reported that paroxetine tripled the risk of right ventricular outflow tract obstruction defects (www.bloomberg.com, 15 Sep, “Glaxo e-mails over Paxil study must be turned over”).

A Glaxo spokesman told the BMJ that “editorial control always rests with the authors of the publication.”

Cite this as: BMJ 2009;339:b3967
undergoing brain scans leads to FDA safety notice

John Zarocostas GENEVA

A new initiative has been launched to try to limit the destruction that natural disasters inflict on hospitals and other healthcare facilities, especially in poorer nations.

The World Health Organization, the United Nations Secretariat for International Strategy for Disaster Reduction, and the World Bank, with the support of the UK Health Protection Agency, launched the initiative on risk reduction in London on Wednesday 14 October. It aims to enhance emergency preparedness around the globe.

“Health has not been as strong a voice as it should be,” said Jonathan Abrahams, a WHO coordinator for risk reduction and emergency preparedness.

WHO estimates that at least 90 000 hospitals and other facilities in the world’s 49 poorest nations alone are vulnerable to disasters, and the Pan American Health Organization says that more than half of the 16 000 hospitals in Latin America and the Caribbean are in areas at high risk of disaster.

Ban Ki-moon, the UN secretary general, in a message for the international day for disaster reduction (14 October), said, “With weather related disasters on the increase it is critical to ensure that health facilities are prepared for emergencies and able to provide lifesaving care in their wake.”

Recent disasters in Asia and the Pacific in September and October saw more than 300 healthcare facilities damaged or rendered non-functional, said Samir Ben Yahmed, WHO’s director for health action in crises.

Meanwhile, the International Hospital Federation says that during the recent floods in Burkina Faso the Central University Hospital was severely damaged, including vital medical equipment such as dialysis machines and scanning equipment.

WHO estimates that more than 11 200 healthcare facilities were damaged or destroyed by the earthquake that struck China’s Sichuan province in 2008 and that in Myanmar (Burma) 57% of facilities were damaged and one in five completely destroyed when cyclone Nargis hit the country the same year.

Mr Ban said, “I call on governments and all decision makers, including town planners, to review hospital safety. Health facilities must be better prepared to better respond to local hazards.”

Mr Yahmed told reporters that no hospital or healthcare facility should be built “if it’s not made safe from disasters” and if an assurance can’t be made that it can continue to function after a disaster.

The hospital safety index, developed initially by the Pan American Health Organization, measures 145 crucial areas in hospitals, taking into account structural, non-structural, and functional components. It has been used by nations in Latin America and other regions to assess the safety of their facilities.

For more details see www.who.int and www.unisdr.org.

Cite this as: BMJ 2009;339:b4222